

PI3000043681

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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*Resignation  
of officer*

06/19/13--01023--003 \*\*35.00

FILED  
2013 JUN 19 PM 4:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Doc  
a 2/1/13*

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BUCKWORM INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P13000043681

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SUSANA CHINNI

(Name of Person)

BUCKWORM INC.

(Name of Firm/Company)

1191 EAST NEWPORT CENTER DR STE 206

(Address)

DEERFIELD BEACH, FL 33442

(City/State and Zip Code)

For further information concerning this matter, please call:

SUSANA CHINNI

(Name of Person)

at ( 908 ) 432-5811

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

FILED

2019 JUN 19 PM 4:16

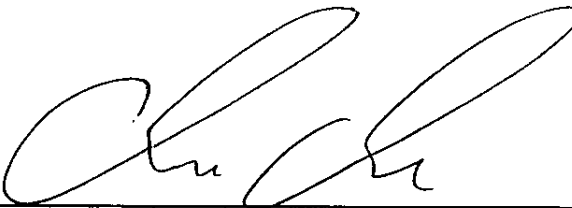
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, CHRIS CHINNI, hereby resign as PRESIDENT  
(Title)

of BUCKWORM INC  
(Name of Corporation)

P13000043681, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

X   
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314